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## EXPRESS MAIL CERTIFICATE

03-19-01 A

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to the Commissioner for Patents, Washington, D.C. 20231.

Typed or Printed Name	Dave Glisson	Express Mail No.	EL 563 388 611 US
Signature	<i>Dave Glisson</i>	Date	March 16, 2001
<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>  (Only for new nonprovisional applications under 37 CFR 1.53(b))		CUSTOMER NO.	24353
		Atty Docket No.	UCSF-048CON
		First Named Inventor	German, et al.
		Title: <i>Delivery of Therapeutic Gene Products by Intestinal Cell Expression</i>	

jc8211323 PRO  
09/09/01

03/16/01

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents

1. <input checked="" type="checkbox"/> Fee Transmittal Form <i>in duplicate</i> 2. <input checked="" type="checkbox"/> Specification Total Pages <u>50</u> (preferred arrangement set forth below) - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix		Address to: Commissioner for Patents Box Patent Application Washington, D.C. 20231	
3. <input checked="" type="checkbox"/> Drawing(s) ( <i>35 USC 113</i> ) Total Sheets <u>10</u> 4. <input checked="" type="checkbox"/> Oath or Declaration Total Sheets <u>6</u> (In Counter-Part) a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 16 completed) i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b) c. <input type="checkbox"/> Unsigned		5. <input type="checkbox"/> Microfiche Computer Program ( <i>Appendix</i> ) 6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies	
- Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure		<b>ACCOMPANYING APPLICATION PARTS</b> 7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 8. <input checked="" type="checkbox"/> Power of Attorney (copy from prior application) 9. <input type="checkbox"/> English Translation Document ( <i>if applicable</i> ) 10. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <u>0</u> Copies of IDS Citations 11. <input type="checkbox"/> Preliminary Amendment 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 13. <input checked="" type="checkbox"/> Applicants are entitled to Small Entity status as defined under 37 CFR § 1.27 14. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 15. <input checked="" type="checkbox"/> Other: Application Cover Page 16. <input checked="" type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27	
16. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: <input checked="" type="checkbox"/> Continuation of prior application No. 09/254,988, Filed June 11, 1999, which is 371 of PCT/US97/16523, filed September 18, 1997. <u>which is a Continuation-in-Part of application No. 08/717 084 filed September 19, 1996.</u>			

**17. CORRESPONDENCE ADDRESS**

Individual Name	Paula A. Borden		
Firm Name	BOZICEVIC, FIELD & FRANCIS LLP		
Address	200 Middlefield Road, Suite 200		
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**SIGNATURE of Applicant or Assignee of Record**

Individual Name	Paula A. Borden		
Registration No.	42,344		
Signature			
Date	March 16, 2001		

E:\document\UCSF-048CON\Application trans-new utility.doc

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

\$435.00

## Complete if Known

Application Number	Unassigned
Filing Date	Herewith (March 16, 2001)
First Named Inventor	German et al.
Examiner Name	Unassigned
Group Art Unit	Unassigned
Attorney Docket No.	UCSF-048CON

## METHOD OF PAYMENT

1.  The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number **50-0815**Deposit Account Name **Bozicevic, Field & Francis LLP** Charge Any Additional Fee Required  
Under 37 CFR §§ 1.16 and 1.17 Applicant claims small entity status.  
See 37 CFR § 1.27

- 2.
- 
- Payment Enclosed:

 Check  Credit card  Money Order  Other

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105	130	205 Surcharge - late filing fee or oath	
127	50	227 Surcharge - late provisional filing fee or cover sheet	
139	130	139 Non - English specification	
147	2,520	147 For filing a request for ex parte reexamination	
112	920*	112 Requesting publication of SIR prior to Examiner action	
113	1,840*	113 Requesting publication of SIR after Examiner action	
115	110	215 Extension for reply within first month	
116	390	216 Extension for reply within second month	
117	890	217 Extension for reply within third month	
118	1,390	218 Extension for reply within fourth month	
128	1,890	228 Extension for reply within fifth month	
119	310	219 Notice of Appeal	
120	310	220 Filing a brief in support of an appeal	
121	270	221 Request for oral hearing	
138	1,510	138 Petition to institute a public use proceeding	
140	110	240 Petition to revive - unavoidable	
141	1,240	241 Petition to revive - unintentional	
142	1,240	242 Utility issue fee (or reissue)	
143	440	243 Design issue fee	
144	600	244 Plant issue fee	
122	130	122 Petitions to the Commissioner	
123	50	123 Processing fee under 37 CFR § 1.17(q)	
126	180	126 Submission of Information Disclosure Statement	
581	40	581 Recording each patent assignment per property (times number of properties)	40.00
146	710	246 Filing a submission after final rejection (37 CFR § 1.129(a))	
149	710	249 355 For each additional invention to be examined (37 CFR § 1.129(b))	
179	710	279 355 Request for Continued Examination (RCE)	
169	900	169 900 Request for expedited examination of a design application	
Other fee (specify) _____			

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101	710	201 Utility filing fee	355.00
106	320	206 Design filing fee	
107	490	207 Plant filing fee	
108	710	208 Reissue filing fee	
114	150	214 Provisional filing fee	
SUBTOTAL (1)		S355.00	

## 2. EXTRA CLAIM FEES

Extra Claims	Fee from below	Fee Paid
Total Claims 17	-20** = 0 X 9.00 = 0.00	= 0.00
Independent Claims 4	-3** = 1 X 40.00 = 40.00	= 40.00
Multiple Dependent		0.00 = 0.00

## Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description
103	18	203 9 Claims in excess of 20
102	80	202 40 Independent claims in excess of 3
104	270	204 135 Multiple dependent claim, if not paid
109	80	209 40 ** Reissue independent claims over original patent
110	18	210 9 ** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)		\$40.00

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

\$40.00

\*\*or number previously paid, if greater. For Reissues, see above

Complete (if applicable)

## SUBMITTED BY

Name (Print/Type)	Paula A. Borden	Registration No. (Attorney/Agent)	42,344	Telephone	650-327-3400
Signature			Date	March 16, 2001	

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

## CERTIFICATE OF MAILING

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I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231.

Name (Print/Type)

Cindy Hoang

Signature

*Cindy Hoang*

Date 09-24-2001



## TRANSMITTAL

 Small Entity

 Large Entity

Application Number	09/811,323
Confirmation Number	7184
Filing Date	March 16, 2001
First Named Inventor	GERMAN
Examiner	To Be Assigned
Group Art	1615
Attorney Docket No.	UCSF048CON

ENCLOSED:	Claims	No. of claims as filed or after amendment	Most claims previously paid for	# Extra Claims	Rate	Totals
<input type="checkbox"/> Amendment Under Rule	Total				\$	-
<input type="checkbox"/> 37 CFR § _____	Independent				\$	-
<input type="checkbox"/> Pages _____	Multiple					
	Total Extra Claim Fees				\$	-

<input checked="" type="checkbox"/>	Applicants Petition for an Extension of time from	07-23-2001	to	08-23-2001	Fee \$ 195.00
A month extension was previously filed and paid for thereby reducing the basic fee					

 Response to Notice of Incomplete Reply (with copy of formalities letter)

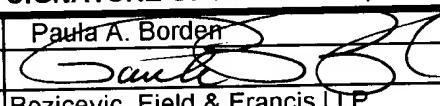
<input type="checkbox"/> Filing Fee	Fee _____
<input type="checkbox"/> Executed Declaration	Pages _____ Surcharge Fee _____
<input checked="" type="checkbox"/> Other	1) Supplemental Preliminary Amendment and Response to Notice of Incomplete Reply Fee _____
	(3 pgs.) Fee _____
	Fee _____
	Fee _____
	Fee _____
	Subtotal \$ -

 Information Disclosure Statement

<input type="checkbox"/> PTO Form 1449	Pages _____
<input type="checkbox"/> Copies of Cited References	Fee _____
<input type="checkbox"/> Other _____	Fee _____
Subtotal \$ -	

 Response to Notice of Incomplete Reply (with copy of Notice to Comply)

<input type="checkbox"/> Sequence Listing Certification	10/10/2001 BABRAHA1 00000020 500815 09811323
<input type="checkbox"/> Paper Copy of Sequence Listing	Pages 01 FC:216 200.00 CH
<input type="checkbox"/> Diskette in computer-readable format	
<input type="checkbox"/> Other _____	Fee _____

	Fee	
<input type="checkbox"/> Terminal Disclaimer		
<input type="checkbox"/> Appeal to Board of Appeals and Appeal Communication to Group		
<input type="checkbox"/> Notice of Appeal	Pages _____	Fee _____
<input type="checkbox"/> Appeal Brief in Triplicate	Pages _____	Fee _____
<input type="checkbox"/> Reply Brief	Pages _____	Fee \$ -
		Subtotal \$ -
<input type="checkbox"/> Other Enclosures and/or Fees	_____	Fee _____
<input type="checkbox"/> Change of Correspondence Address		
<input checked="" type="checkbox"/> Return Receipt Postcard		<b>TOTAL FEES</b> \$ 195.00
<p>The Commissioner is authorized to charge any fees which may be required, or credit any overpayment to Deposit Account 50-0815. If additional fees are required, including extensions of time, please consider this a petition therefore. A duplicate copy of this transmittal is enclosed.</p>		
<b>SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED</b>		
Name (Print/Type)	Paula A. Borden 	Registration No. 42,344
Signature		Date 09-24-2001
Firm Name	Bozicevic, Field & Francis LLP	Address 200 Middlefield Road, Suite 200
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Application No. 09/811,323 Attorney Docket No. UCSF048CON Page 2 of 2